

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2010
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/27/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 14 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, six Category I and eight Category II residents. The census at the time of the survey was six. Six resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. Immediate Jeopardy was identified on 1/27/10 at 10:11 AM for TAG Y878 Administration of Medications. The facility provided an acceptable plan for correction of the Immediate Jeopardy. The following deficiencies were identified:	Y 000		
Y 026 SS=D	449.190(3) Contents of License-Multiple Types NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility	Y 026		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 026	Continued From page 1 provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation, record review and interview on 1/27/10, the facility was caring for 1 of 6 persons (Resident #1) with Alzheimer's disease without an endorsement and failed to obtain the necessary training to care for such a person. Severity: 2 Scope: 1	Y 026		
Y 050 SS=G	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. This Regulation is not met as evidenced by:	Y 050		

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Y 050	<p>Continued From page 2</p> <p>Surveyor: 28276 Based on interview, record review and observation on 1/27/10, the administrator failed to provide oversight and direction to the staff to ensure 1 of 6 residents (Resident #2) received the needed services and protective supervision they required.</p> <p>Findings include:</p> <p>Resident #2 was admitted to the facility 1/2/10 with a diagnosis of bipolar disorder, history of coronary artery disease and chronic pain. The file for Resident #2 contained a form documenting the resident self-administered all medications, but the form was not signed.</p> <p>Resident #2 was admitted on 1/2/10 and was prescribed the following medications: -Cymbalta 60 milligrams one tablet twice a day (depressive disorder and general anxiety). The medication bottle on site was filled 12/3/09 with 30 pills and was empty. The January 2010 MAR documented the resident took the medication from 1/4/10 to 1/19/10. -Seroquel XR 400 mg one tablet every day at bedtime (bipolar disorder). The medication bottle on site was filled 1/12/10 and was empty. The medication was not listed on the January 2010 MAR. -Morphine Sulfate 30 mg on tablet every 12 hours (severe pain). The medication bottle on site was filled 12/31/09 and was empty. The January 2010 MAR documented the resident took the medication from 1/4/10 to 1/19/10. -Carvedilol 6.25 mg one tablet twice a day (high blood pressure). The medication bottle on site was filled 10/1/09 and was empty. The January 2010 MAR documented the resident took the medication from 1/4/10 to 1/19/10.</p>	Y 050		

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Y 050	<p>Continued From page 3</p> <p>-Lisinopril 5 mg one tablet every day (high blood pressure). The medication bottle on site was filled 12/8/09 with and was empty. The January 2010 MAR documented the resident took the medication from 1/4/10 to 1/19/10.</p> <p>Interview with Resident #2 revealed the following: - He was out of medications and had been for approximately one week, because he could not afford the co-pay. When asked when he anticipated having his medications refilled Resident #2 responded he expected to receive them by 2/3/10. -He stated he took all his own medications himself after the medication technician gave him his basket of medications and signed the MAR himself to document that he took his medications. -He stated he was out of Seroquel because one day he went to open the bottle and accidentally spilled all of the pills into the toilet. He stated he had an appointment on Monday (2/1/10) to meet with his psychiatrist to refill the prescription. - He stated he experienced a depressed mood, decreased appetite and blurred vision as a result of the missed doses of Cymbalta.</p> <p>Employee #2 reported she was aware the resident exhausted several of his medications; however, failed to assist the resident in refilling the prescriptions.</p> <p>Interview with a University Medical Center (UMC) case manager revealed Resident #2 was admitted to the hospital 1/23/10 due to a complaint of chest pain. Resident #2 was discharged from the hospital on 1/25/10.</p> <p>After declaring an Immediate Jeopardy situation on 1/27/10 at 10:45 AM regarding Resident #2's missing medications, the facility was able to</p>	Y 050		

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Y 050	Continued From page 4 obtain four of his missing medications at 2:45 PM. Severity: 3 Scope: 1 NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037) 1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702, the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005). Based on observation on 1/27/10, the administrator failed to ensure the grading placard was displayed conspicuously in a public area because the grade placard was covered with the administrator's license. Severity: 2 Scope: 3	Y 050		
Y 053 SS=C	449.194(4) Administrator's Responsibilities-Complete Rec NAC 449.194 The administrator of a residential facility shall:	Y 053		

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Y 053	Continued From page 5 4. Ensure that the records of the facility are complete and accurate. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review, observation and interview on 1/27/10, the administrator failed to keep the records of the facility complete and accurate. This was a repeat deficiency from the 2/19/09 and 8/27/09 State Licensure surveys. Severity: 1 Scope: 3	Y 053		
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 1/27/10, the facility failed to ensure that 2 of 5 caregivers received eight hours of annual training (Employee #4 and #5). Severity: 2 Scope: 2	Y 070		

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Y 103	Continued From page 6	Y 103		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 1/27/10, the facility failed to ensure 2 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #3 and #5). This was a repeat deficiency from 2/19/09 and 8/27/09 State Licensure surveys. Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by:	Y 105		

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Y 105	Continued From page 7 Surveyor: 28276 Based on record review on 1/27/10, the facility failed to ensure 3 of 5 employees met background check requirements (Employee #1, #2 and #5). This was a repeat deficiency from 2/19/09 and 8/27/09 State Licensure surveys. Severity: 2 Scope: 3	Y 105		
Y 174 SS=D	449.209(4)(a) Health and Sanitatio-Offensive odors NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility failed to ensure the facility was kept free from offensive odors (there was strong sewer odor noted in the main living area). Severity: 2 Scope: 1	Y 174		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.	Y 175		

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Y 175	Continued From page 8	Y 175		
Y 177 SS=F	<p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility failed to ensure the facility was free from hazards that impeded the free movement of residents (four tiles were unsecured in the center of the floor on the north hallway of the facility).</p> <p>Severity: 2 Scope: 3</p> <p>449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse</p> <p>NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility failed to ensure used toilet paper was flushed down the toilet in 2 of 2 bathrooms used by residents (signs asking residents to put toilet paper in the waste basket were observed in both resident bathrooms).</p> <p>Severity: 2 Scope: 3</p>	Y 177		
Y 178 SS=F	<p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209</p>	Y 178		

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Y 178	<p>Continued From page 9</p> <p>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility was not well maintained.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - Broken glass was observed on the closet door in the south hallway. - Electrical wires were exposed in the living room and on the fan in the kitchen of the attached annex. - Two televisions were plugged into non-ground fault circuit interrupter GFCI outlets on either side of sink in Bedroom #1. - A large body of water was observed in front of the washer and dryer due to a leak in an adjacent window. - The attached wooden laundry room contained hazardous fire accelerants including gasoline, mineral spirits, paint, paint thinner and a large accumulation of lint behind the dryer. - The swimming pool and fish pond contained dirty water and debris in the bottom. <p>This was a repeat deficiency from the 2/19/09 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 178		

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Y 255	Continued From page 10	Y 255		
Y 255 SS=I	<p>449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27626 Based on observation, interview and record review on 1/27/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1 Critical Violations:</p> <p>a. Raw eggs were stored on top of ready-to-eat food in an unapproved refrigerator in the pool room.</p> <p>b. The person in charge of the kitchen was not food safety certified, nor did she demonstrate knowledge of proper food safety and sanitation procedures.</p>	Y 255		

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Y 255	Continued From page 11 c. The person preparing food did not wash her hands after removing soiled gloves and before putting on clean gloves. 2. Cleaning and Sanitation Issues: a. Wet wiping cloths used for wiping food contact surfaces were not stored in sanitizer solution. b. The kitchen counters, interior of cabinets and drawers, and the stove top had an accumulation of food debris. c. The cleaned utensils, pots and pans were stored in cabinets and drawers that were lined with soiled newspaper and cardboard. d. A hose and disposable gloves were stored on the hand washing sink faucet. e. The floors in the pool room, which was being used for unauthorized food storage, were soiled, and water was pooled on the floor. f. Bags of potatoes and containers of juice were stored directly on the floor in the kitchen storage room, and bags of potatoes were stored directly on the floor in the pool room. g. The blades of the kitchen ceiling fan were soiled with an accumulation of grease. h. Containers of sugar and salt were not labeled. i. Bowls were being used as scoops and there were stored in the oatmeal, rice, and flour bins. j. Beef was thawed in the microwave and then was left in the microwave until it was cooked on the stove approximately 1.5 hours later.	Y 255		

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Y 255	Continued From page 12 k. There was no working thermometer available to monitor cooking, cooling, and re-heating temperatures. l. Meats were being stored directly in grocery store bags. 3. Equipment and Maintenance Issues: a. The painted, interior surfaces of the kitchen cabinets were worn and were no longer smooth and easily cleanable. b. Some of the kitchen cabinets and drawers were lined with newspaper and cardboard. c. A household refrigerator, freezer, stove, and rice cooker were in use. d. The ventilation over the stove was insufficient to remove the large amount of smoke that was produced during cooking. e. There was no separate food preparation sink in the kitchen. f. The cook was preparing food in the kitchen with all of the lights in the kitchen off. g. The kitchen was cluttered with many non-essential items, including furniture polish, empty grocery store bags, cans of room freshener, and newspapers. h. The soiled mop was stored in the mop bucket behind the building. i. The staff restroom toilet did not flush.	Y 255		

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Y 255	Continued From page 13 j. Numerous bags of trash and garbage were on the ground next to the dumpster. 4. Other a. The food establishment was being operated without a valid permit as the permit expired on 10/31/09 due to failure to remit the annual permit fee. Severity 3: Scope: 3	Y 255		
Y 278 SS=F	449.2175(9)(a)(b) Dietary Consultant - More Than 10 Residents NAC 449.2175 9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is registered as a dietitian by the Commission on Dietetic Registration. (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interviews on 1/27/10, the facility failed to have evidence of the	Y 278		

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NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
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Y 278	Continued From page 14 services of a person to serve as a dietary consultant for the planning and serving of meals. This was a repeat deficiency from the 2/19/09 State Licensure survey. Severity: 2 Scope: 3	Y 278		
Y 309 SS=E	449.218(8) Bedrooms - Entrance Lighting NAC 449.218 8. There must be light outside the entrance to each bedroom to provide a resident with adequate lighting to reach safely a switch for turning on a light fixture inside the bedroom. Upon the request of a resident, bedside lighting must be provided. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility failed to ensure there was adequate lighting outside 3 of 9 bedroom entrances (Bedroom #4, #5, and #6). Severity: 2 Scope: 2	Y 309		
Y 351 SS=F	449.222(2)(a) Bathrooms and Toilet Facilities NAC 449.222 2. Each residential facility that was issued an initial license on or after January 14, 1997 must have: (a) A flush toilet and lavatory for each four residents.	Y 351		

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Y 351	Continued From page 15	Y 351		
	<p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, 2 of 4 toilets were non-operational (Bathroom #2, and #4).</p> <p>Severity: 2 Scope: 3</p>			
Y 353 SS=E	<p>449.222(3) Bathrooms and Toilet Facilities</p> <p>NAC 449.222 3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility failed to ensure grab bars were installed in 1 of 4 bathrooms (Bathroom #4).</p> <p>Severity: 2 Scope: 2</p>	Y 353		
Y 356 SS=E	<p>449.222(6) Bathrooms and Toilet Facilities</p> <p>NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364</p>	Y 356		

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Y 356	Continued From page 16 Based on observation on 1/27/10, the facility failed to ensure the locks on 2 of 4 bathroom doors could be opened with a single motion (Bathroom #1 and #4). Severity: 2 Scope: 3	Y 356		
Y 392 SS=I	449.226(3) Safety Requirements NAC 449.226 3. If a residential facility with a resident who is mentally or physically disabled has a fishpond, pool, hot tub, jacuzzi or other body of water on the premises of the facility, the body of water must be fenced, covered or blocked in some other manner at all times when it is not being used by a resident. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility failed to ensure the fishpond and pool were protected at all times. Findings include: The south gate to the pool area was not locked. Southern Nevada Pool Code requires a self-closing and self-latching devices installed on all doors with direct access to the pool with the release mechanism located a minimum of fifty-four inches (54") above the floor. Both the north and south gate were not	Y 392		

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Y 392	Continued From page 17 self-closing or self-latching. Because the facility cared for elderly, disabled and mentally ill residents, the lack of an adequate pool barrier poses a significant, predictable risk of injury to the facility's residents. Severity: 3 Scope: 3	Y 392		
Y 430 SS=F	449.229(1) Protection from Fire NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility failed to ensure the facility complied with the State Fire Marshall regulations regarding fire safety (all exit signs in the facility were not illuminated and in the facility annex, the emergency lighting system failed to operate when tested). Severity: 2 Scope: 3	Y 430		
Y 434 SS=F	449.229(3) Emergency Drills	Y 434		

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Y 434	Continued From page 18 NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Surveyor: 27364 Based on interview and record review on 1/27/10, the facility failed to ensure monthly evacuation drills were conducted on an irregular schedule for the past 12 of 12 months (January 2009 through December 2009). This was a repeat deficiency from the 2/19/09 State Licensure survey. Severity: 2 Scope: 3	Y 434		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Surveyor: 27364 Based on interview and record review on 1/27/10, the facility failed to ensure smoke detectors were tested 12 out of the past 12 months (January 2009 through December 2009).	Y 444		

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Y 444	Continued From page 19 This was a repeat deficiency from the 2/19/09 State Licensure survey. Severity: 2 Scope: 3	Y 444		
Y 451 SS=F	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility failed to have a first aid kit available with the required components. Severity: 2 Scope: 3	Y 451		
Y 698 SS=D	Residents Requiring use of Oxygen-Storage	Y 698		

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Y 698	Continued From page 20 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Surveyor: 27364 Based on observation on 1/27/10, the facility did not ensure oxygen tanks were appropriately secured (an oxygen tank attached to a stand was lying on its side propped up by clutter in an the entry closet). Severity: 2 Scope: 1	Y 698		
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 1/27/10, the facility failed to ensure that 4 of 6 residents received a	Y 859		

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Y 859	Continued From page 21 physical prior to admission (Resident #2, #4, #5 and #6). This was a repeat deficiency from the 10/24/08 and 2/19/09 State Licensure surveys. Severity: 2 Scope: 3	Y 859		
Y 878 SS=H	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interview on 1/27/10, the facility failed to ensure that 2 of 6 residents, who required medication assistance, received their medications as prescribed (Resident #1 and #3). Resident #3 was admitted to the facility on 1/25/10 from a rehabilitation facility. Resident #3 was discharged with the following prescriptions: -Xanax .25 mg every eight hours as needed (PRN) for increased anxiety.	Y 878		

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Y 878	<p>Continued From page 22</p> <ul style="list-style-type: none"> - Paxil 30 mg one tablet every day (depression and anxiety). - Wellbutrin SR 100 mg one tablet twice a day at 8:00 AM and 1:00 PM (major depressive disorder). <p>On 1/27/10 at 9:30 AM the facility failed to have medications for Resident #3 onsite. Interview with Resident #3 revealed he was discharged from a rehabilitation facility and the doctor failed to call the prescriptions into the pharmacy. Resident #3 stated his wife was going to Walgreens to pick up the medications. Resident #3 stated he had not had any depressed episodes due to the lack of medications, but was feeling anxious. Resident #3 terminated the conversation as he wanted to go to his room.</p> <p>On 1/27/10 at 9:40 AM Resident #3 returned to the main room next to the kitchen and sat on the couch. Resident #3 stated he needed his medications and he was going to just sit on the couch and take some deep breaths to help with his anxiety.</p> <p>On 1/27/10 at 1:45 PM Resident #3 returned to the main room next to the kitchen and sat on the couch. When asked how he was feeling, Resident #3 stated he always had a baseline level of anxiety, but was feeling more anxious and if his as needed anxiety medication was onsite, he would have asked for it sometime between 9:00 AM and 10:00 AM.</p> <p>During the entire state licensure survey, Resident #3 was observed sitting on the couch employing deep breathing techniques to relax. The resident was also observed calling his wife several times during the survey to ascertain when she would arrive with his medications.</p>	Y 878		

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Y 878	<p>Continued From page 23</p> <p>The facility contacted Resident #3's wife several times during the survey to determine when the medications would be delivered. On 1/27/10 at 4:40 PM Resident #3's wife stated she was disabled and was waiting for her niece to pick up the medications, then pick her up and deliver the medications to the facility. She stated the resident's medications would be in the facility no later than 6:30 PM.</p> <p>The facility failed to ensure Resident #3 had his medications with him on the day of admission and failed to provide those medications when the family was unable to supply them.</p> <p>Resident #1 was admitted to the facility 1/8/10 with a diagnosis of Alzheimer's Disease and hypertension, but did not arrive at the facility until 1/10/10.</p> <p>The file for Resident #1 contained a medication profile signed by a physician dated 10/10/09 which documented the resident was prescribed:</p> <ul style="list-style-type: none"> - Lisinopril HCTZ 20/12.5 mg one tablet every day (blood pressure). - Aricept 10 mg one tablet every day (dementia caused by Alzheimer's disease). - Temazepam 15 mg one tablet every day at bedtime (insomnia). - Buspirone 5 mg one tablet twice a day (anxiety). - Valium 5 mg one tablet every day as needed (PRN) (anxiety). <p>A Medication Release/Transfer Report from another group home dated 1/8/10 documented the resident left the facility with the following medications:</p>	Y 878		

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Y 878	<p>Continued From page 24</p> <ul style="list-style-type: none"> - Lisinopril HCTZ 20/12.5 mg one tablet every day (blood pressure) 16 tablets. - Aricept 10 mg one tablet every day (dementia caused by Alzheimer's disease) 3 tablets. - Temazepam 15 mg one tablet every day at bedtime (insomnia) 3 tablets. - Buspirone 5 mg one tablet twice a day (anxiety) 16 tablets. - Valium 5 mg one tablet every day as needed (PRN) (anxiety) 2 tablets. <p>Resident #1 arrived at the facility on 1/10/10 with the following medications according to a facility transfer form.</p> <ul style="list-style-type: none"> - Lisinopril HCTZ 20/12.5 mg one tablet every day (blood pressure) amount not listed. - Temazepam 15 mg one tablet every day at bedtime (insomnia) amount not listed. - Buspirone 5 mg one tablet twice a day (anxiety) 16 tablets. <p>Resident #1 also had other prescriptions not on the physician medication profile which were not administered according to the MAR:</p> <ul style="list-style-type: none"> - Aricept 10 mg one tablet every day (dementia caused by Alzheimer's disease). The facility failed to have a medication bottle onsite. The January 2010 MAR was signed 1/13/10 through 1/20/10 indicating the resident received the medication. On 1/21/10 the medication technician documented "none." The resident missed 7 doses from 1/21/10 through 1/27/10. - Temazepam 15 mg one tablet every day at bedtime (insomnia) 7 doses from 1/20/10 through 1/26/10. The medication bottle on site was empty. The January 2010 MAR was signed 1/13/10 through 1/19/10. On 1/20/10 the medication technician documented "none." The 	Y 878		

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Y 878	Continued From page 25 resident missed 7 doses from 1/21/10 through 1/27/10. - Buspirone 5 mg one tablet twice a day (anxiety) 16 tablets. The medication bottle onsite was empty. The January 2010 MAR was not signed for the entire month. - Valium 5 mg one tablet every day as needed (PRN) (anxiety). The facility failed to have a medication bottle onsite. The January 2010 MAR documented the medication was administered every day from 1/12/10 through 1/24/10 and then was blank. After declaring an Immediate Jeopardy situation on 1/27/10 at 10:45 AM regarding Resident #1's missing medications, the facility was able to obtain the resident's Lisinopril, Buspirone, and Temazepam at 2:45 PM. The facility allowed Resident #1's medication to run out and failed to follow-up to ensure the medications were available for administration. Severity: 3 Scope: 2	Y 878		
Y 895 SS=F	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of	Y 895		

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Y 895	Continued From page 26 medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 1/27/10, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred. Severity: 2 Scope: 3	Y 895			
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable	Y 920			

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Y 920	Continued From page 27 of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 1/27/10, the facility failed to keep medications for 6 of 6 residents in a locked area (Resident #1, #2, #3, #4, #5 and #6). Severity: 2 Scope: 3	Y 920		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 1/27/10, the facility	Y 936		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2010
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 936	Continued From page 28 failed to ensure 4 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, #3, #4 and #6) which affected all residents. This was a repeat deficiency from the 10/24/08, 2/19/09 and 8/27/09 State Licensure surveys. Severity: 2 Scope: 3	Y 936		
Y1010 SS=D	449.2764(1) Mental Illness Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 01/22/09, the facility failed to ensure at least 8 hours of training concerning care for residents with mental illness was provided within 60 days of employment for 1 of 5 employees (Employee #2). Severity: 2 Scope: 3	Y1010		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.